

I, JULIE BILLINGSLEY, TEAM LEADER EXAMINATION SUPPORT AND SALES hereby certify that annexed is a true copy of the Provisional specification in connection with Application No. 2002952128 for a patent by KVINNO CENTRE PTY LTD as filed on 17 October 2002.



WITNESS my hand this Twenty-second day of August 2003

JULIE BILLINGSLEY **TEAM LEADER EXAMINATION**

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SUPPORT AND SALES

PRIORITY

SUBMITTED OR TRANSMITTED IN COMPLIANCE WITH RULE 17.1(a) OR (b)

ORIGINAL

AUSTRALIA

Patents Act 1990

PROVISIONAL SPECIFICATION

Invention Title: "Surgical Method"

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The invention is described in the following statement:

"Surgical Method"

Field of the Invention

The invention relates to a surgical method for the purposes of re-establishing vaginal support.

5 Background

In the normal woman the under surface of the interior and posterior wall of the vagina wall is supported by fascial tissue which is stronger than the vaginal epithelium and buttresses the vagina much like the arch of a bridge. Where the fascia is very weak it cannot support the vagina.

The present invention is intended to provide a means whereby in the event of failure or weakening of the support provided by the fascial tissue such support can be at least partially re-established.

Disclosure of the Invention

Accordingly the invention resides in the re-establishing of the fascial support for the vagina comprising introducing into the fascial tissue a filamentary medium which will become embedied with the fascia and which is fixed to each side of the vagina to the recto-vaginal ligaments to each side of the vagina and tensioning the filamentary material between the fixtures.

According to a preferred feature of the invention the filamentary material is fixed to each of the recto-vaginal ligaments through anchors which are located in the ligaments and which can receive the filamentary material, said anchors permitting controlled movement of the filament relative to the anchor to enable the tension of the filament to be adjusted.

The invention will be more fully understood in the light of the following description of one specific embodiment.

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The description is made with reference to the accompanying drawing which is a schematic view of the posterior vaginal wall repair according to the embodiment.

Detailed description of specific embodiment

The method according to the embodiment comprises utilisation of an anchor of the form disclosed in co-pending patent application 2002951024 the contents of which are included herein by reference. The anchor provides a means of attaching a filament into muscle and/or ligamentary tissue. The anchor has a head which is able to be embedded into the tissue whereby once it is so embedded the anchor is retained in position. In addition the anchor has an attachment means which is able to receive and support a filament whereby the filament can slide through the attachment means in one direction but is restrained from slidable movement in the opposite direction.

It is the purpose of the procedure according to the embodiment to incorporate into the fascial tissue, which is located above and below the vaginal wall, a supporting elementary material which is supported at either end from the rectovaginal ligaments which are located to each side of the vagina.

As shown in the accompanying drawing the procedure according to the embodiment involves forming a longitudinal incision in the anterior and/or posterior vaginal wall and terminating each longitudinal incision with a transverse incision. This results in the creation of a pair of flaps 11 of fascial tissue to each side of the longitudinal Incision. One or more lengths of filamentary material 13 are then fixed to each of the recto-vaginal ligaments which are located to each side of the vagina. The fixing of each length of filament is effected through a pair of anchors 15 of the form described above which receive the ends of the length of filament whereby because of the nature of the attachment means the spacing between the anchors 15 on the length of filamentary material 13 can be reduced by causing the filamentary material to be drawn through the attachment means of the anchor but the spacing between the anchors on the filamentary material

cannot be increased. The anchors 15 on each length of filamentary material 13 are embedded in opposed relationship into the recto-vaginal ligaments to each side of the vagina. Once the anchors 15 are attached, the nature of the attachment means of the anchors enables the length of the filament 13 between the ligaments to be adjusted and thus to introduce a degree of tension into the filamentary material between the ligaments. The flaps 11 of fascial tissue are then resutured into place. With healing of the incisions the filamentary material becomes embodied into the fascial tissue on the anterior and posterior sides of the vaginal walls to provide reinforcement and support for that fascial tissue.

The tensioning of the filamentary material on its location in position between the recto-vaginal ligaments enables the filamentary material to be precisely and sufficiently tightened to bring the fascia towards the mid-line and in so doing serves to repair any hemia, to restore support for the vaginal wall and to facilitate the transmission of the muscle contraction to effect opening and closure of the urethra and anus.

Throughout the specification, unless the context requires otherwise, the word "comprise" or variations such as "comprises" or "comprising", will be understood to imply the inclusion of a stated integer or group of integers but not the exclusion of any other integer or group of integers.

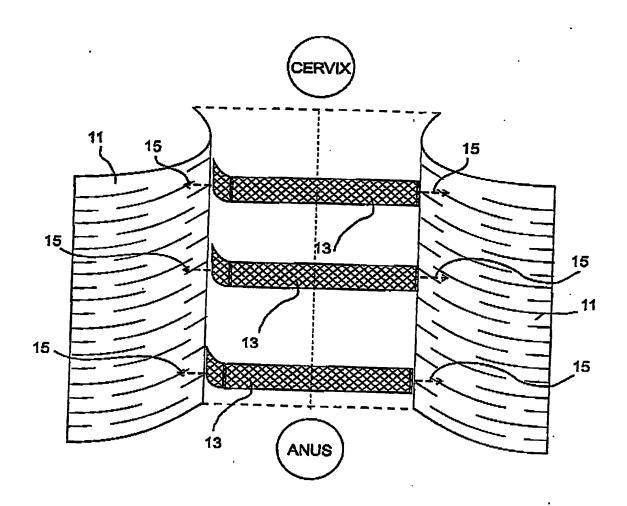
It should be appreciated that the scope of the present invention need not be limited to the particular scope of the embodiment described above.

Dated this seventeenth day of October 2002.

Applicant

Wray & Associates
Perth, Western Australia
Patent Attorneys for the Applicant(s)

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